

10/553807

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5		2		1		
6	/		/			
7	/		/			
8	/		/			
9	/		/			
10	/		/			
11		1		1		
12	2		/			
13	5		/			
14	0		/			
15	2		/			
16	10		/			
17	0		/			
18	0		/			
19	0					
20	/		/			
21	/		/			
22	2		/			
23	2		/			
24	2		/			
25	1		1			
26	1		/			
27	2		/			
28	0		/			
29	1		1			
30		1		1		
31		1				
32		1				
33	4		/			
34	8		/			
35	/		/			
36	/		/			
37		1		1		
38		1				
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49						
50						
TOTAL IND.			13			
TOTAL DEP.			24			
TOTAL CLAIMS			37			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						